

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF OKLAHOMA

Case number (if known) Chapter 9

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Atoka County Healthcare Authority

2. All other names debtor used in the last 8 years  
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 73-6264482

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

1590 West Liberty  
Atoka, OK 74525

Number, Street, City, State & ZIP Code

Atoka  
County

PO Box 1107  
Atoka, OK 74525

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.atokamedicalcenter.org

6. Type of debtor  
☐ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☒ Other. Specify: Municipality

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6221

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7  
☒ Chapter 9

☐ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

|          |       |      |       |             |       |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No  
☐ Yes.

List all cases. If more than 1, attach a separate list

|          |       |                       |       |
|----------|-------|-----------------------|-------|
| Debtor   | _____ | Relationship          | _____ |
| District | _____ | When                  | _____ |
|          |       | Case number, if known | _____ |

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

**Where is the property?**

Number, Street, City, State & ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency

Contact name

Phone

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

☐ 1-49

☐ 50-99

☒ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

**15. Estimated Assets**

☒ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

**16. Estimated liabilities**

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☒ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Atoka County Healthcare Authority**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 10, 2017**  
MM / DD / YYYY

**X /s/ Royce Manion**  
Signature of authorized representative of debtor  
  
Title

**Royce Manion**  
Printed name

**18. Signature of attorney**

**X /s/ Jeffrey E. Tate**  
Signature of attorney for debtor

Date **January 10, 2017**  
MM / DD / YYYY

**Jeffrey E. Tate**  
Printed name

**Christensen Law Group, P.L.L.C.**  
Firm name

**The Parkway Building  
3401 N.W. 63rd Street  
Oklahoma City, OK 73116**  
Number, Street, City, State & ZIP Code

Contact phone **405-232-2020** Email address **jeffrey@christensenlawgroup.com**

**17150**  
Bar number and State

Resolution of the Board of Trustees  
of the Atoka County Healthcare Authority  
Authorizing the Filing of a Petition Under Chapter 9 of the Bankruptcy Code

WHEREAS the Board of Trustees (the "Board") of the Atoka County Healthcare Authority (the "Authority"), has considered, with the assistance of its previously approved counsel, Christensen Law Group, PLLC, all options for resolving the economic problems that confront the Authority,

WHEREAS the Board has attempted to negotiate with creditors, but has been unable to so with any meaningful effectiveness due to the sheer number of creditors, the various lawsuits filed and the collection attempts by judgment creditors,

WHEREAS the Board has deliberated and determined, taking into consideration the advice of counsel, that it is qualified to file a petition under the provisions of chapter 9 of Title 11 of the United States Code (the "Bankruptcy Code") and that it is in the best interests of the Authority, its patients, creditors, citizens, employees, as well as the Atoka County taxpayers, to file the petition on such date as the Board determines, in consultation with counsel, to be appropriate, and

WHEREAS the Board desires to effectuate a plan of adjustment of its debts under the Bankruptcy Code,


NOW, THEREFORE, BE IT RESOLVED that (a) each then current member of the Board and (b) the then current CEO of the Trust (each an "Authorized Representative"), be, and hereby is, authorized and empowered (i) to continue negotiations with the Authority's creditors regarding the filing of such petition and the financial restructuring of the Authority under such chapter of the Bankruptcy Code and, unless those negotiations alter the situation, (ii) to execute, deliver, and file, or cause to be filed, with the United States Bankruptcy Court for the Eastern District of Oklahoma (the "Bankruptcy Court"), a voluntary petition of the Authority pursuant to chapter 9 of the Bankruptcy Code (the "Petition"), in such form as prescribed by the Official Forms promulgated in connection with the Bankruptcy Code; be it

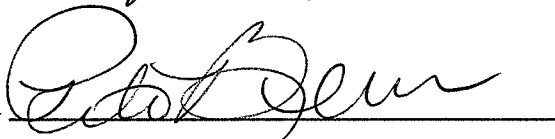
FURTHER RESOLVED that, upon the filing of the Petition as authorized by the preceding paragraph, each Authorized Representative be, and hereby is, authorized and empowered to execute and deliver and file or cause to be filed with the Bankruptcy Court, on behalf of the Authority, all papers and pleadings necessary or convenient to facilitate the chapter 9 bankruptcy case and all of its matters and proceedings, and any and all other documents, including affidavits, necessary or appropriate in connection with the commencement of the chapter 9 case, each in such form or forms as the Authorized Representative so acting may approve; be it


FURTHER RESOLVED that each Authorized Representative be, and hereby is, authorized and empowered to execute and deliver and file or cause to be filed with the Bankruptcy Court, on behalf of the Authority, all papers and pleadings necessary or convenient to effect, cause, or promote the Authority's reorganization under chapter 9 of the Bankruptcy Code and any and all

other documents, including a Plan of Adjustment and an accompanying Disclosure Statement, together with any amendments or modifications thereto, or any restatements thereof, and to provide, or cause to be provided, such affidavits or oral testimony necessary or appropriate in connection therewith, each in such form or forms as the Authorized Representative so acting may approve; be it

FURTHER RESOLVED, that each Authorized Representative be, and hereby is, authorized and empowered appear and testify in all bankruptcy proceedings on behalf of the Trust, and to take or cause to be taken any and all such further action, to execute and deliver any and all such further instruments and documents as may be helpful or necessary.

Date: 1-3-2017 Signed 

Date: 1-3-2017 Signed 

Date: 03 January 2017 Signed 

Date: 1-3-17 Signed 

**Fill in this information to identify the case:**

Debtor name Atoka County Healthcare Authority

United States Bankruptcy Court for the: EASTERN DISTRICT OF OKLAHOMA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 10, 2017

X /s/ Royce Manion

Signature of individual signing on behalf of debtor

Royce Manion

Printed name

\_\_\_\_\_  
Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name Atoka County Healthcare Authority  
 United States Bankruptcy Court for the: EASTERN DISTRICT OF OKLAHOMA  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an  
 amended filing

**Official Form 204**
**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**
12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code                | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|--|--|---|--|--|---|-----------------|
|  |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| AT&T<br>PO BOX 5001<br>Carol Stream, IL 60197                                    |  |   |  |  |   | \$72,711.96     |
| ATOKA<br>EMERGENCY<br>1201 E JACKSON<br>Hugo, OK 74743                           |  |   |  |  |   | \$188,254.93    |
| BEALL BARCLAY<br>3101 S 70TH<br>STREET<br>Fort Smith, AR 72903                   |  |   |  |  |   | \$73,511.02     |
| CPP WOUND CARE<br>3445 N CAUSEWAY<br>BLVD STE 600<br>Metairie, LA 70002          |  |   |  |  |   | \$49,600.00     |
| CPSI<br>6600 WALL STREET<br>Mobile, AL 36695                                     |  |   |  |  |   | \$95,213.82     |
| CROWE AND<br>DUNLEVY<br>324 N ROBINSON<br>AVE STE 100<br>Oklahoma City, OK 73102 |  |   |  |  |   | \$136,556.69    |
| DIAGNOSTIC LAB<br>OF OKLAHOMA<br>225 NE 97th Street<br>Oklahoma City, OK 73114   |  |   |  |  |   | \$62,401.14     |
| FIRST BANK<br>PO BOX 458<br>Antlers, OK 74523                                    |  |   |  | \$435,718.03   | \$0.00                                      | \$435,718.03    |



Debtor **Atoka County Healthcare Authority**  
Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code  | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|--|--|---|--|--|---|-----------------|
|  |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| Internal Revenue Service<br>55 N. Robinson Stop<br>5024<br>Oklahoma City, OK<br>73102-9229                   |  |   | Disputed   |  |   | \$570,272.64    |
| LANAK & HANNA<br>625 THE CITY DRIVE<br>SOUTH SUITE 190<br>Orange, CA 92868                                   |  |   |  |  |   | \$62,858.16     |
| LEGACY THERAPY<br>193208 N 4120 RD<br>Antlers, OK 74523  |  |   |  |  |   | \$48,333.30     |
| MEDICARE<br>Novitas Solutions<br>Attn Appeals<br>Departmen<br>PO Box 3114<br>Mechanicsburg, PA<br>17055-1829 |  |   |  | \$539,168.44   | \$0.00                                      | \$539,168.44    |
| METZER & AUSTIN<br>1 SOUTH<br>BROADWAY<br>SUITE 100<br>Edmond, OK 73034                                      |  |   |  |  |   | \$41,834.51     |
| OK EMPLOYMENT<br>SECURITY<br>COMMISSION<br>PO BOX 52004<br>Oklahoma City, OK<br>73152-2004                   |  |   |  |  |   | \$42,083.59     |
| Oklahoma Tax<br>Commission<br>NEED ADDRESS   |  |   | Disputed   |  |   | \$139,348.00    |
| PTR HEALTHCARE<br>MANAGEMENT<br>SOLUTIONS, LLC<br>261 WEST HWY 3<br>Atoka, OK 74525                          |  |   |  |  |   | \$92,724.60     |
| RMB INTERESTS<br>504 TEXAS STREET<br>SUITE 200<br>Shreveport, LA<br>71101                                    |  |   |  |  |   | \$111,173.13    |
| TRANE US INC<br>PO BOX 845053<br>Dallas, TX 75284  |  |   |  |  |   | \$60,010.01     |
| USDA Rural<br>Housing Service<br>Attn John Redman<br>128 W Ruth Avenue<br>Atoka, OK 74525                    |  | Personal Property   |  | \$6,217,422.63   | \$0.00                                      | \$6,217,422.63  |

Debtor Atoka County Healthcare Authority  
Name

Case number (if known) \_\_\_\_\_

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|---|--|---|--|--|---|-----------------|
|   |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| WINDESTREAM<br>4307930<br>PO BOX 9001950<br>Louisville, KY 40290  |  |   |  |  |   | \$95,711.40     |

**Fill in this information to identify the case:**Debtor name **Atoka County Healthcare Authority**United States Bankruptcy Court for the: **EASTERN DISTRICT OF OKLAHOMA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

|     |   | Column A<br>Amount of claim<br><br>Do not deduct the value of collateral.  | Column B<br>Value of collateral that supports this claim |
|-----|---|--|--|
| 2.1 | <b>FIRST BANK</b><br><small>Creditor's Name</small><br><br><b>PO BOX 458</b><br><b>Antlers, OK 74523</b><br><small>Creditor's mailing address</small><br><br><small>Creditor's email address, if known</small><br><br><b>Date debt was incurred</b><br><br><b>Last 4 digits of account number</b><br><br><b>Do multiple creditors have an interest in the same property?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | <b>Describe debtor's property that is subject to a lien</b><br><br><b>Describe the lien</b><br><br><b>Is the creditor an insider or related party?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br><b>Is anyone else liable on this claim?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)<br><br><b>As of the petition filing date, the claim is:</b><br>Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$435,718.03</b><br><br><b>\$0.00</b>                 |

|     |   |   |  |
|-----|---|---|--|
| 2.2 | <b>MEDICARE</b><br><small>Creditor's Name</small><br><br><b>Novitas Solutions</b><br><b>Attn Appeals Departmen</b><br><b>PO Box 3114</b><br><b>Mechanicsburg, PA</b><br><b>17055-1829</b><br><small>Creditor's mailing address</small><br><br><small>Creditor's email address, if known</small><br><br><b>Date debt was incurred</b><br><br><b>Last 4 digits of account number</b><br><br><b>Do multiple creditors have an interest in the same property?</b> | <b>Describe debtor's property that is subject to a lien</b><br><br><b>Describe the lien</b><br><br><b>Is the creditor an insider or related party?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br><b>Is anyone else liable on this claim?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)<br><br><b>As of the petition filing date, the claim is:</b><br>Check all that apply | <b>\$539,168.44</b><br><br><b>\$0.00</b> |
|-----|---|---|--|

Debtor **Atoka County Healthcare Authority**

Case number (if know)

Name

☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.☐ Contingent☐ Unliquidated☐ Disputed

2.3

**UMB Bank, N.A., Bond  
Indenture Trustee**

Creditor's Name

**204 N Robinson 2nd Floor  
Oklahoma City, OK  
73102-6803**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an  
interest in the same property?**☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

Describe debtor's property that is subject to a lien

**Real Property; Personal Property including  
revenues, accounts, receivables, goods,  
instruments, general intangibles, inventory,  
goods.****\$8,835,000.00****Unknown**

Describe the lien

**Security Agreement; Mortgage**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.4

**USDA Rural Housing  
Service**

Creditor's Name

**Attn John Redman  
128 W Ruth Avenue  
Atoka, OK 74525**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an  
interest in the same property?**☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

Describe debtor's property that is subject to a lien

**Personal Property****\$6,217,422.63****\$0.00**

Describe the lien

**Security Agreement**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$16,027,309.  
10****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

| Name and address  | On which line in Part 1 did you enter the related creditor? | Last 4 digits of account number for this entity |
|---|---|---|
| <b>Cheryl Tripplet</b><br><b>US Department of Justice</b><br><b>United States Attorney's Office</b><br><b>520 Denison Avenue</b><br><b>Muskogee, OK 74401</b> | Line <u>2.4</u>   |   |
| <b>Ian A. Hammel</b><br><b>Mintz Levin</b><br><b>One Financial Center</b><br><b>Boston, MA 02110</b>  | Line <u>2.3</u>   |   |
| <b>William W. Kannel</b><br><b>Mintz Levin</b><br><b>One Financial Center</b><br><b>Boston, MA 02110</b>  | Line <u>2.3</u>   |   |

**Fill in this information to identify the case:**Debtor name **Atoka County Healthcare Authority**United States Bankruptcy Court for the: **EASTERN DISTRICT OF OKLAHOMA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

|     |   |   | Total claim         | Priority amount     |
|-----|---|---|---------------------|---------------------|
| 2.1 | Priority creditor's name and mailing address<br><b>Internal Revenue Service<br/>55 N. Robinson Stop 5024<br/>Oklahoma City, OK 73102-9229</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed | <b>\$570,272.64</b> | <b>\$570,272.64</b> |
|     | Date or dates debt was incurred<br><b>2016</b>  | Basis for the claim:  |                     |                     |
|     | Last 4 digits of account number   | Is the claim subject to offset?   |                     |                     |
|     | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |                     |                     |
| 2.2 | Priority creditor's name and mailing address<br><b>Oklahoma Tax Commission<br/>NEED ADDRESS</b>   | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed | <b>\$139,348.00</b> | <b>\$139,348.00</b> |
|     | Date or dates debt was incurred<br><b>2016</b>  | Basis for the claim:  |                     |                     |
|     | Last 4 digits of account number   | Is the claim subject to offset?   |                     |                     |
|     | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |                     |                     |

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.**Amount of claim**

Debtor **Atoka County Healthcare Authority**  
Name

Case number (if known)

|     |   |   |                   |
|-----|---|---|-------------------|
| 3.1 | Nonpriority creditor's name and mailing address<br><b>ABILITY NETWORK</b><br><b>Dept CH 16577</b><br><b>Palatine, IL 60055-6577</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$2,579.00</b> |
| 3.2 | Nonpriority creditor's name and mailing address<br><b>ADVANCED CARE</b><br><b>1026 RADIO ROAD</b><br><b>Durant, OK 74701</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____          | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$9,022.84</b> |
| 3.3 | Nonpriority creditor's name and mailing address<br><b>AIRSCAN TECH</b><br><b>PO BOX 1539</b><br><b>Springtown, TX 76082</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____           | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$400.00</b>   |
| 3.4 | Nonpriority creditor's name and mailing address<br><b>AL WITT &amp; CO</b><br><b>5275 LAWRENCE 1225</b><br><b>Ash Grove, MO 65604</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$190.00</b>   |
| 3.5 | Nonpriority creditor's name and mailing address<br><b>ALIMED INC</b><br><b>PO BOX 9135</b><br><b>DEDHAM, MA 20279</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                 | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$278.95</b>   |
| 3.6 | Nonpriority creditor's name and mailing address<br><b>ALISA BERRYHILL</b><br><b>192244 N 413 RD</b><br><b>Antlers, OK 74523</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____       | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$24.20</b>    |
| 3.7 | Nonpriority creditor's name and mailing address<br><b>ALLIANCE HEALTH</b><br><b>PO BOX 1207</b><br><b>Durant, OK 74701</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____            | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$3,219.30</b> |

Name

|      |   |   |                    |
|------|---|---|--------------------|
| 3.8  | Nonpriority creditor's name and mailing address<br><b>AMERICAN FUNDS</b><br><b>PO BOX 2560</b><br><b>Norfolk, VA 23501</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                                  | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$562.50</b>    |
| 3.9  | Nonpriority creditor's name and mailing address<br><b>AMERIPATH</b><br><b>PO BOX 844810</b><br><b>Dallas, TX 75284</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                                      | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$6,975.99</b>  |
| 3.10 | Nonpriority creditor's name and mailing address<br><b>AMN HEALTHCARE INC</b><br><b>FILE 56157</b><br><b>Los Angeles, CA 90074</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                           | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$19,713.65</b> |
| 3.11 | Nonpriority creditor's name and mailing address<br><b>AMS SALES CORP</b><br><b>PO BOX 72476586</b><br><b>Philadelphia, PA 19170</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                         | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,690.00</b>  |
| 3.12 | Nonpriority creditor's name and mailing address<br><b>ANESTHESIA SERVICES INC</b><br><b>1821 N CLASSEN BLVD SUITE 100</b><br><b>Oklahoma City, OK 73106</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$102.21</b>    |
| 3.13 | Nonpriority creditor's name and mailing address<br><b>ANTLERS AMERICA</b><br><b>PO BOX 578</b><br><b>Antlers, OK 74523</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                                  | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$911.64</b>    |
| 3.14 | Nonpriority creditor's name and mailing address<br><b>ARJOHUNTLEIGH</b><br><b>PO BOX 640799</b><br><b>Pittsburgh, PA 15264</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                              | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,336.84</b>  |



Name

|      |  |   |                    |
|------|--|---|--------------------|
| 3.15 | Nonpriority creditor's name and mailing address<br><b>ARMSTRONG MEDICAL INDUSTRIES</b><br><b>PO BOX 700</b><br><b>Lincolnshire, IL 60069</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$375.36</b>    |
| 3.16 | Nonpriority creditor's name and mailing address<br><b>ASTORA WOMEN'S</b><br><b>PO BO 74008158</b><br><b>Chicago, IL 60674</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$4,089.00</b>  |
| 3.17 | Nonpriority creditor's name and mailing address<br><b>AT&amp;T</b><br><b>PO BOX 5001</b><br><b>Carol Stream, IL 60197</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                    | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$72,711.96</b> |
| 3.18 | Nonpriority creditor's name and mailing address<br><b>AT&amp;T MOBILITY</b><br><b>PO BOX 6463</b><br><b>Carol Stream, IL 60197</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____           | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,295.35</b>  |
| 3.19 | Nonpriority creditor's name and mailing address<br><b>ATOKA COUNTY CHAMBER</b><br><b>PO BOX 778</b><br><b>Atoka, OK 74525</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$180.00</b>    |
| 3.20 | Nonpriority creditor's name and mailing address<br><b>ATOKA COUNTY EMS</b><br><b>1002 W LIBERTY ROAD STE</b><br><b>Atoka, OK 74525</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____       | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$10.00</b>     |
| 3.21 | Nonpriority creditor's name and mailing address<br><b>ATOKA COUNTY EXISE BOARD</b><br><b>200 EAST COURT STREET</b><br><b>Atoka, OK 74525</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$429.69</b>    |

Debtor **Atoka County Healthcare Authority**  
Name

Case number (if known)

|      |  |   |                     |
|------|--|---|---------------------|
| 3.22 | Nonpriority creditor's name and mailing address<br><b>ATOKA EMERGENCY</b><br><b>1201 E JACKSON</b><br><b>Hugo, OK 74743</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____  | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$188,254.93</b> |
| 3.23 | Nonpriority creditor's name and mailing address<br><b>ATOKA FUNERAL</b><br><b>1000 WEST LIBERTY ROAD</b><br><b>Atoka, OK 74525</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$2,000.00</b>   |
| 3.24 | Nonpriority creditor's name and mailing address<br><b>ATOKA MUNICIPAL</b><br><b>PO BOX 900</b><br><b>Atoka, OK 74525</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$4.95</b>       |
| 3.25 | Nonpriority creditor's name and mailing address<br><b>BALBOA CAPITAL</b><br><b>2010 MAIN STREET SUITE 1100</b><br><b>Irvine, CA 92614</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____  | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$13,299.21</b>  |
| 3.26 | Nonpriority creditor's name and mailing address<br><b>BARRACUDA NETWORK</b><br><b>DEPT LA 22762</b><br><b>Pasadena, CA 91185</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$2,949.00</b>   |
| 3.27 | Nonpriority creditor's name and mailing address<br><b>BAXTER HEALTHCARE CORPORATION</b><br><b>Care Of Greg A Metzger</b><br><b>1 South Broadway</b><br><b>Suite 100</b><br><b>Edmond, OK 73034</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$40,463.69</b>  |
| 3.28 | Nonpriority creditor's name and mailing address<br><b>BC GROUP INTER</b><br><b>3081 ELM POINT INDUSTRIAL DRIVE</b><br><b>Saint Charles, MO 63301</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$140.00</b>     |

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|      |   |   |                    |
|------|---|---|--------------------|
| 3.29 | <b>Nonpriority creditor's name and mailing address</b><br><b>BEALL BARCLAY</b><br><b>3101 S 70TH STREET</b><br><b>Fort Smith, AR 72903</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$73,511.02</b> |
| 3.30 | <b>Nonpriority creditor's name and mailing address</b><br><b>BG MEDICAL</b><br><b>PO BOX 1861</b><br><b>Barrington, IL 60011</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$5,034.50</b>  |
| 3.31 | <b>Nonpriority creditor's name and mailing address</b><br><b>BIO RAD LABORATORIES INC CLINICAL</b><br><b>DIAG</b><br><b>PO BOX 849740</b><br><b>Los Angeles, CA 90084</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$14,841.62</b> |
| 3.32 | <b>Nonpriority creditor's name and mailing address</b><br><b>BIOAERIS/RICHM</b><br><b>3009 GLEN FLORA WAY</b><br><b>Fort Smith, AR 72908</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$20,000.00</b> |
| 3.33 | <b>Nonpriority creditor's name and mailing address</b><br><b>BIZTEL</b><br><b>906 E WYANDOTTE</b><br><b>McAlester, OK 74501</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$467.50</b>    |
| 3.34 | <b>Nonpriority creditor's name and mailing address</b><br><b>BKD LLP</b><br><b>6120 S YALE AVE SUITE 1400</b><br><b>Tulsa, OK 74136</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$22,013.06</b> |
| 3.35 | <b>Nonpriority creditor's name and mailing address</b><br><b>BLUE CROSS BLUE SHIELD</b><br><b>PO BOX 731428</b><br><b>Dallas, TX 75373</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$25,465.10</b> |

Debtor **Atoka County Healthcare Authority**  
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|      |   |  |                    |
|------|---|--|--------------------|
| 3.36 | <b>Nonpriority creditor's name and mailing address</b><br><b>BROOKS GREASE</b><br><b>3104 N ERIE AVE</b><br><b>Tulsa, OK 74115</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                    | <b>As of the petition filing date, the claim is: Check all that apply.</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$300.00</b>    |
| 3.37 | <b>Nonpriority creditor's name and mailing address</b><br><b>BRUMMITT AND ASSOCIATES INC</b><br><b>4418 MONTECELLO PLACE</b><br><b>Enid, OK 73703</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is: Check all that apply.</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,412.50</b>  |
| 3.38 | <b>Nonpriority creditor's name and mailing address</b><br><b>CANON FINANCIAL</b><br><b>14904 COLLECTIONS CENTER DRIVE</b><br><b>Chicago, IL 60693</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is: Check all that apply.</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$487.05</b>    |
| 3.39 | <b>Nonpriority creditor's name and mailing address</b><br><b>CARDINAL HEALTH MEDICAL</b><br><b>PO BOX 730112</b><br><b>Dallas, TX 75373</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____           | <b>As of the petition filing date, the claim is: Check all that apply.</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$2,820.81</b>  |
| 3.40 | <b>Nonpriority creditor's name and mailing address</b><br><b>CAREFUSION</b><br><b>25146 NETWORK PLACE</b><br><b>Chicago, IL 60673-1250</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____            | <b>As of the petition filing date, the claim is: Check all that apply.</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$32,632.00</b> |
| 3.41 | <b>Nonpriority creditor's name and mailing address</b><br><b>CENTERPOINT ENERGY SERVICES INC</b><br><b>PO BOX 4583</b><br><b>Houston, TX 77210</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____    | <b>As of the petition filing date, the claim is: Check all that apply.</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$12,227.50</b> |
| 3.42 | <b>Nonpriority creditor's name and mailing address</b><br><b>CENTURION MEDICAL</b><br><b>PO BOX 842816</b><br><b>BOSTON, MA 22842</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                 | <b>As of the petition filing date, the claim is: Check all that apply.</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,499.34</b>  |

Name

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|------|--|---|-------------------|
| 3.43 | Nonpriority creditor's name and mailing address<br><b>CHEMENCE MEDICAL</b><br><b>185 BLUEGRASS VALLEY PARKWAY SUITE 100</b><br><b>Alpharetta, GA 30005</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$341.86</b>   |
| 3.44 | Nonpriority creditor's name and mailing address<br><b>CHEMSEARCH</b><br><b>PO BOX 971269</b><br><b>Dallas, TX 75397</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                                    | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$2,837.70</b> |
| 3.45 | Nonpriority creditor's name and mailing address<br><b>COBRA ONE</b><br><b>1350 SOUTH BOULDER SUITE 300</b><br><b>Tulsa, OK 74119</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                       | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$54.64</b>    |
| 3.46 | Nonpriority creditor's name and mailing address<br><b>COMPLIANCE CONSULTANTS</b><br><b>67 EARNHARDT CIRCLE</b><br><b>Cabot, AR 72023</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                   | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$600.00</b>   |
| 3.47 | Nonpriority creditor's name and mailing address<br><b>COOK MEDICAL INC</b><br><b>22988 NETWORK PLACE</b><br><b>Chicago, IL 60673</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                       | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$2,606.47</b> |
| 3.48 | Nonpriority creditor's name and mailing address<br><b>COOPER SURGICAL</b><br><b>PO BOX 712280</b><br><b>Cincinnati, OH 45271</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                           | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,217.18</b> |
| 3.49 | Nonpriority creditor's name and mailing address<br><b>COVIDIEN</b><br><b>PO BOX 120823</b><br><b>Dallas, TX 75312</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                                      | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,083.03</b> |

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|      |   |   |                     |
|------|---|---|---------------------|
| 3.50 | <b>Nonpriority creditor's name and mailing address</b><br><b>CPP WOUND CARE</b><br><b>3445 N CAUSEWAY BLVD STE 600</b><br><b>Metairie, LA 70002</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$49,600.00</b>  |
| 3.51 | <b>Nonpriority creditor's name and mailing address</b><br><b>CPSI</b><br><b>6600 WALL STREET</b><br><b>Mobile, AL 36695</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$95,213.82</b>  |
| 3.52 | <b>Nonpriority creditor's name and mailing address</b><br><b>CR BARD INC</b><br><b>PO BOX 75767</b><br><b>Charlotte, NC 28275</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$5.55</b>       |
| 3.53 | <b>Nonpriority creditor's name and mailing address</b><br><b>CREST HEALTH CARE</b><br><b>PO BOX 727</b><br><b>Dassel, MN 55325</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$322.62</b>     |
| 3.54 | <b>Nonpriority creditor's name and mailing address</b><br><b>CROWE AND DUNLEVY</b><br><b>324 N ROBINSON AVE STE 100</b><br><b>Oklahoma City, OK 73102</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$136,556.69</b> |
| 3.55 | <b>Nonpriority creditor's name and mailing address</b><br><b>CULLIGAN WATER</b><br><b>PO BOX 159</b><br><b>Ada, OK 74820</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$542.28</b>     |
| 3.56 | <b>Nonpriority creditor's name and mailing address</b><br><b>DANWELL COMPANIES</b><br><b>PO BOX 5304</b><br><b>Durant, OK 74702</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$21,328.00</b>  |

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|      |   |   |                    |
|------|---|---|--------------------|
| 3.57 | <b>Nonpriority creditor's name and mailing address</b><br><b>DIAGNOSTIC LAB OF OKLAHOMA</b><br><b>225 NE 97th Street</b><br><b>Oklahoma City, OK 73114</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$62,401.14</b> |
| 3.58 | <b>Nonpriority creditor's name and mailing address</b><br><b>DOCUCODERS LLC</b><br><b>72 BRIDGE WATER LANE</b><br><b>WATERSOUND, FL 32461</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$2,157.55</b>  |
| 3.59 | <b>Nonpriority creditor's name and mailing address</b><br><b>DRAGER MEDICAL</b><br><b>3135 QUARRY ROAD</b><br><b>Telford, PA 18969</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                        | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$5,641.16</b>  |
| 3.60 | <b>Nonpriority creditor's name and mailing address</b><br><b>DURANT ANESTHESIA ASSOC</b><br><b>PO BOX 5125</b><br><b>Durant, OK 74702</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$21,843.75</b> |
| 3.61 | <b>Nonpriority creditor's name and mailing address</b><br><b>EAGLE EYE RADIOLOGY</b><br><b>PO BOX 71240</b><br><b>Philadelphia, PA 19176</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,100.00</b>  |
| 3.62 | <b>Nonpriority creditor's name and mailing address</b><br><b>ECOLAB</b><br><b>PO BOX 70343</b><br><b>Chicago, IL 60673</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,010.81</b>  |
| 3.63 | <b>Nonpriority creditor's name and mailing address</b><br><b>ELECTRONIC DICTATION OF TULSA INC</b><br><b>9717 E 42ND ST STE 142</b><br><b>Tulsa, OK 74146</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$2,291.00</b>  |

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|      |  |   |                   |
|------|--|---|-------------------|
| 3.64 | <b>Nonpriority creditor's name and mailing address</b><br><b>ELITE SUPPLIES</b><br><b>PO BOX 17163</b><br><b>Anaheim, CA 92817</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$433.00</b>   |
| 3.65 | <b>Nonpriority creditor's name and mailing address</b><br><b>EMD MILLPORE CORP</b><br><b>25760 NETWORK PLACE</b><br><b>Chicago, IL 60673</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$5,240.93</b> |
| 3.66 | <b>Nonpriority creditor's name and mailing address</b><br><b>EMERGENCY DEPARTMENT STAFFING</b><br><b>1535 NW 35TH STREET</b><br><b>Oklahoma City, OK 73118</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$8,375.00</b> |
| 3.67 | <b>Nonpriority creditor's name and mailing address</b><br><b>ENDOCHOICE INC</b><br><b>11810 WILLIS RD SUITE 100</b><br><b>Alpharetta, GA 30009</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$699.70</b>   |
| 3.68 | <b>Nonpriority creditor's name and mailing address</b><br><b>ENVIRONMENTAL INDUSTRIES</b><br><b>PO BOX 1839</b><br><b>Lutherville Timonium, MD 21094</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$579.55</b>   |
| 3.69 | <b>Nonpriority creditor's name and mailing address</b><br><b>FASTHEALTH CORPORATION</b><br><b>1001 23RD AVE SUITE C</b><br><b>Tuscaloosa, AL 35401</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$3,191.63</b> |
| 3.70 | <b>Nonpriority creditor's name and mailing address</b><br><b>FED EX FREIGHT</b><br><b>3965 Airways Module G</b><br><b>Memphis, TN 38116</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$145.19</b>   |



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|      |   |   |                    |
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| 3.71 | <b>Nonpriority creditor's name and mailing address</b><br><b>FEDERAL EXPRESS</b><br><b>PO BOX 94515</b><br><b>Palatine, IL 60094</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$259.51</b>    |
| 3.72 | <b>Nonpriority creditor's name and mailing address</b><br><b>FIRST CALL OF TULSA</b><br><b>LOCK BOX #1 PO BOX 1857</b><br><b>Owasso, OK 74055</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$4,381.00</b>  |
| 3.73 | <b>Nonpriority creditor's name and mailing address</b><br><b>FIRST INSURANCE</b><br><b>PO BOX 458</b><br><b>Antlers, OK 74523</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$15,570.20</b> |
| 3.74 | <b>Nonpriority creditor's name and mailing address</b><br><b>FISHER HEALTHCARE</b><br><b>PO BOX 404705</b><br><b>Atlanta, GA 30384-4000</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$2,649.97</b>  |
| 3.75 | <b>Nonpriority creditor's name and mailing address</b><br><b>FIVE STAR OFFICE SUPPLY</b><br><b>127 W MAIN ST</b><br><b>Durant, OK 74701</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$7,134.11</b>  |
| 3.76 | <b>Nonpriority creditor's name and mailing address</b><br><b>FLUKE ELECTRONICS</b><br><b>13725 SE KARL BRAUN DR BLDG 19</b><br><b>Beaverton, OR 97077</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$210.00</b>    |
| 3.77 | <b>Nonpriority creditor's name and mailing address</b><br><b>GE HEALTHCARE</b><br><b>2984 COLLECTIONS CENTER DR</b><br><b>Chicago, IL 60693</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$14,447.57</b> |

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| 3.78 | Nonpriority creditor's name and mailing address<br><b>HEALTHCARE LOGISTICS</b><br><b>PO BOX 400</b><br><b>Circleville, OH 43113</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$360.53</b>    |
| 3.79 | Nonpriority creditor's name and mailing address<br><b>HEARTLAND PATHOLOGY CONSULTANT</b><br><b>PO BOX 26343</b><br><b>Oklahoma City, OK 73126</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____  | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$15,769.82</b> |
| 3.80 | Nonpriority creditor's name and mailing address<br><b>HERITAGE MEDICAL</b><br><b>213 N OAK AVE</b><br><b>Broken Arrow, OK 74012</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$223.28</b>    |
| 3.81 | Nonpriority creditor's name and mailing address<br><b>HMS HEALTH LLC</b><br><b>740 SPIRIT 40 PARK DRIVE</b><br><b>Chesterfield, MO 63005</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____       | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$12,801.31</b> |
| 3.82 | Nonpriority creditor's name and mailing address<br><b>HOLOGIC INC</b><br><b>24506 NETWORK PLACE</b><br><b>Chicago, IL 60673</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                    | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$5,160.40</b>  |
| 3.83 | Nonpriority creditor's name and mailing address<br><b>HOSPITAL EQUIPMENT RENTAL</b><br><b>21900 E 96TH STREET</b><br><b>Broken Arrow, OK 74014</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$2,000.00</b>  |
| 3.84 | Nonpriority creditor's name and mailing address<br><b>HRDIRECT GNEIL</b><br><b>PO BOX 451179</b><br><b>Fort Lauderdale, FL 33345</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____               | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$137.98</b>    |

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| 3.85 | Nonpriority creditor's name and mailing address<br><b>IMEDICAL INC</b><br><b>1221 SE BROADWAY SUITE E</b><br><b>Lees Summit, MO 64081</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                         | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$10,570.61</b> |
| 3.86 | Nonpriority creditor's name and mailing address<br><b>IMMUCOR INC</b><br><b>PO BOX 102118</b><br><b>Atlanta, GA 30368</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$8,772.93</b>  |
| 3.87 | Nonpriority creditor's name and mailing address<br><b>INDUSTRIAL CHEM LAB</b><br><b>55 BROOK AVE SUITE G</b><br><b>Deer Park, NY 11729</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                        | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$50.00</b>     |
| 3.88 | Nonpriority creditor's name and mailing address<br><b>JEFCO LLC</b><br><b>PO BOX 153</b><br><b>Atoka, OK 74525</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____  | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$270.00</b>    |
| 3.89 | Nonpriority creditor's name and mailing address<br><b>JOHNSON &amp; JOHNSON HEALTH CARE SYSTEMS</b><br><b>5972 COLLECTIONS CTR DR</b><br><b>Chicago, IL 60693</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$33,852.96</b> |
| 3.90 | Nonpriority creditor's name and mailing address<br><b>KCI ACELITY</b><br><b>PO BOX 301557</b><br><b>Dallas, TX 75303</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____  | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$8,197.89</b>  |
| 3.91 | Nonpriority creditor's name and mailing address<br><b>KELLOGG &amp; SOVEREIGN CONSULTING</b><br><b>1101 STADIUM DRIVE</b><br><b>Ada, OK 74820</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                 | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$24,939.67</b> |

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| 3.92 | <b>Nonpriority creditor's name and mailing address</b><br><b>LABCORP</b><br><b>PO BOX 12140</b><br><b>Burlington, NC 27216-2140</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                                 | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$3,291.43</b>  |
| 3.93 | <b>Nonpriority creditor's name and mailing address</b><br><b>LABORATORY SUPPLY CO</b><br><b>1951 BISHOP LANE</b><br><b>SUITE 300</b><br><b>Louisville, KY 40218</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$812.96</b>    |
| 3.94 | <b>Nonpriority creditor's name and mailing address</b><br><b>LAKE COUNTRY MEDICAL</b><br><b>702 S MISSISSIPPI</b><br><b>Atoka, OK 74525</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$704.38</b>    |
| 3.95 | <b>Nonpriority creditor's name and mailing address</b><br><b>LANAK &amp; HANNA</b><br><b>625 THE CITY DRIVE SOUTH SUITE 190</b><br><b>Orange, CA 92868</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$62,858.16</b> |
| 3.96 | <b>Nonpriority creditor's name and mailing address</b><br><b>LANDIS ARN AND</b><br><b>222 SAINT JOHN ST SUITE 321</b><br><b>PORTLAND, ME 41020</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$3,070.00</b>  |
| 3.97 | <b>Nonpriority creditor's name and mailing address</b><br><b>LEGACY THERAPY</b><br><b>193208 N 4120 RD</b><br><b>Antlers, OK 74523</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                              | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$48,333.30</b> |
| 3.98 | <b>Nonpriority creditor's name and mailing address</b><br><b>LW SCIENTIFIC CORPORATION</b><br><b>865 MARATHON PARKWAY</b><br><b>Lawrenceville, GA 30046</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$310.22</b>    |

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| 3.99  | <b>Nonpriority creditor's name and mailing address</b><br><b>MAC SYSTEMS</b><br><b>PO BOX 27665</b><br><b>Tulsa, OK 74119</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$3,731.00</b>  |
| 3.100 | <b>Nonpriority creditor's name and mailing address</b><br><b>MATHESON TRI-GAS</b><br><b>PO BOX 123028</b><br><b>Dallas, TX 75312</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$32,630.21</b> |
| 3.101 | <b>Nonpriority creditor's name and mailing address</b><br><b>MCALESTER REGIONAL</b><br><b>1 CLARK BASS BLVD</b><br><b>McAlester, OK 74501</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$9,660.32</b>  |
| 3.102 | <b>Nonpriority creditor's name and mailing address</b><br><b>MEDICAL WASTE</b><br><b>11995 HWY 62 E</b><br><b>Harrison, AR 72601</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,975.00</b>  |
| 3.103 | <b>Nonpriority creditor's name and mailing address</b><br><b>MEDICUS HEALTHCARE</b><br><b>22 ROULSTON ROAD</b><br><b>WINDHAM, NH 30870</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____             | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$11,374.48</b> |
| 3.104 | <b>Nonpriority creditor's name and mailing address</b><br><b>MEDISCRIBES INC</b><br><b>12806 TOWNEPARK WAY</b><br><b>Louisville, KY 40243</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$4,425.90</b>  |
| 3.105 | <b>Nonpriority creditor's name and mailing address</b><br><b>MEDIVATORS INC</b><br><b>14605 28TH AVENUE NORTH</b><br><b>Minneapolis, MN 55447-4822</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$3,454.69</b>  |

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| 3.106 | Nonpriority creditor's name and mailing address<br><b>MEDLINE INDUSTRIES<br/>DEPT 1080<br/>PO BOX 121080<br/>Dallas, TX 75312-1080</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$7,986.16</b>  |
| 3.107 | Nonpriority creditor's name and mailing address<br><b>MEDSERVICE REPAIR<br/>1234 ALLANSON ROAD<br/>Mundelein, IL 60060</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____             | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$3,065.70</b>  |
| 3.108 | Nonpriority creditor's name and mailing address<br><b>MEDTRONIC USA<br/>PO BOX 848086<br/>Dallas, TX 75284</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                         | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$16,190.00</b> |
| 3.109 | Nonpriority creditor's name and mailing address<br><b>MERRY X-RAY<br/>4444 VIEWRIDGE AVENUE<br/>SUITE A<br/>San Diego, CA 92123</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____    | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$527.96</b>    |
| 3.110 | Nonpriority creditor's name and mailing address<br><b>METROPOLITAN LIFE<br/>13045 TESSON FERRY ROAD<br/>Saint Louis, MO 63128</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____      | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$3,016.36</b>  |
| 3.111 | Nonpriority creditor's name and mailing address<br><b>METTEL<br/>PO BOX 1056<br/>New York, NY 10268</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                                | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$9,661.74</b>  |
| 3.112 | Nonpriority creditor's name and mailing address<br><b>METZER &amp; AUSTIN<br/>1 SOUTH BROADWAY<br/>SUITE 100<br/>Edmond, OK 73034</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____  | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$41,834.51</b> |

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| 3.113 | Nonpriority creditor's name and mailing address<br><b>MID-CONTINENTAL</b><br><b>1706 DELIVERY LANE</b><br><b>Durant, OK 74701</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____  | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$11,000.00</b> |
| 3.114 | Nonpriority creditor's name and mailing address<br><b>MIDWEST BUS SALES</b><br><b>313 EAST FRONT STREET</b><br><b>Bonner Springs, KS 66012</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                             | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$33,380.76</b> |
| 3.115 | Nonpriority creditor's name and mailing address<br><b>MILLER OFFICE EQUIPMENT</b><br><b>900 E WYANDOTTE</b><br><b>McAlester, OK 74501</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                                  | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$7,368.21</b>  |
| 3.116 | Nonpriority creditor's name and mailing address<br><b>MOBILITY PLUS</b><br><b>1601 N Main</b><br><b>Muskogee, OK 74401</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$123.71</b>    |
| 3.117 | Nonpriority creditor's name and mailing address<br><b>NATIONAL RESEARCH CORP</b><br><b>PO BOX 809030</b><br><b>Chicago, IL 60680-9030</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                                  | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$9,955.00</b>  |
| 3.118 | Nonpriority creditor's name and mailing address<br><b>NEOTRACT INC</b><br><b>4473 WILLOW ROAD SUITE 100</b><br><b>Pleasanton, CA 94588</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                                 | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$7,000.10</b>  |
| 3.119 | Nonpriority creditor's name and mailing address<br><b>NETWORK SERVICES COMPANY</b><br><b>LOCKBOX 231805</b><br><b>1805 MOMENTUM PLACE</b><br><b>Chicago, IL 60689-5318</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$5,170.33</b>  |



Debtor **Atoka County Healthcare Authority**  
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|       |   |  |                    |
|-------|---|--|--------------------|
| 3.120 | <b>Nonpriority creditor's name and mailing address</b><br><b>NOVITAS SOLUTIONS</b><br><b>PO BOX 3114</b><br><b>Mechanicsburg, PA 17055</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                              | <b>As of the petition filing date, the claim is: Check all that apply.</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$4,896.51</b>  |
| 3.121 | <b>Nonpriority creditor's name and mailing address</b><br><b>NUMED INC</b><br><b>PO BOX 1098</b><br><b>Denton, TX 76202</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | <b>As of the petition filing date, the claim is: Check all that apply.</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$12,886.70</b> |
| 3.122 | <b>Nonpriority creditor's name and mailing address</b><br><b>O'REILLY AUTO PARTS</b><br><b>P.O. Box 9464</b><br><b>Springfield, MO 65801-9464</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                       | <b>As of the petition filing date, the claim is: Check all that apply.</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$31.96</b>     |
| 3.123 | <b>Nonpriority creditor's name and mailing address</b><br><b>OFFICE EQUIPMENT CENTER</b><br><b>PO BOX 1246</b><br><b>Paris, TX 75461-1246</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                           | <b>As of the petition filing date, the claim is: Check all that apply.</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$6,009.53</b>  |
| 3.124 | <b>Nonpriority creditor's name and mailing address</b><br><b>OK EMPLOYMENT SECURITY COMMISSION</b><br><b>PO BOX 52004</b><br><b>Oklahoma City, OK 73152-2004</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____        | <b>As of the petition filing date, the claim is: Check all that apply.</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$42,083.59</b> |
| 3.125 | <b>Nonpriority creditor's name and mailing address</b><br><b>OK FOUNDATION</b><br><b>14000 QUAIL SPRINGS PKWY</b><br><b>SUITE 400</b><br><b>Oklahoma City, OK 73134</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is: Check all that apply.</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$2,062.50</b>  |
| 3.126 | <b>Nonpriority creditor's name and mailing address</b><br><b>OK HEALTH CARE ASSOCIATION</b><br><b>PO BOX 21228</b><br><b>Tulsa, OK 74121</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                            | <b>As of the petition filing date, the claim is: Check all that apply.</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$19,433.18</b> |



Name

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|-------|--|---|-------------------|
| 3.127 | Nonpriority creditor's name and mailing address<br><b>OK STATE BOARD OF PHARMACY</b><br><b>2920 N LINCOLN BLVD, STE A</b><br><b>Oklahoma City, OK 73105</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                                    | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$50.00</b>    |
| 3.128 | Nonpriority creditor's name and mailing address<br><b>OK STATE DEPT OF HEALTH</b><br><b>ATTN FINANCIAL MGMT-RECEIPTING UNIT</b><br><b>PO BOX 268823</b><br><b>Oklahoma City, OK 73126-8816</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$19.00</b>    |
| 3.129 | Nonpriority creditor's name and mailing address<br><b>OKLAHOMA BLOOD INSTITUTE</b><br><b>DEPT 96 0115</b><br><b>Oklahoma City, OK 73196-0115</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$2,290.00</b> |
| 3.130 | Nonpriority creditor's name and mailing address<br><b>OKLAHOMA DEPT OF LABOR</b><br><b>3017 N STILES SUITE 100</b><br><b>Oklahoma City, OK 73105</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$100.00</b>   |
| 3.131 | Nonpriority creditor's name and mailing address<br><b>OKLAHOMA EMPLO SEC COMM</b><br><b>PO BOX 52925</b><br><b>Oklahoma City, OK 73152</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$8,959.20</b> |
| 3.132 | Nonpriority creditor's name and mailing address<br><b>OKLAHOMA HOSPITAL ASSOCIATION</b><br><b>DEPT 96 0298</b><br><b>Oklahoma City, OK 73196-0298</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____  | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$125.00</b>   |
| 3.133 | Nonpriority creditor's name and mailing address<br><b>OKLAHOMA LITHOTRIPER</b><br><b>5401 N PORTLAND STE 240</b><br><b>Oklahoma City, OK 73112</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$8,200.00</b> |

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|       |  |   |                    |
|-------|--|---|--------------------|
| 3.134 | Nonpriority creditor's name and mailing address<br><b>OLYMPUS AMERICA</b><br><b>PO BOX 120600</b><br><b>DEPT 0600</b><br><b>Dallas, TX 75312</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$4,316.48</b>  |
| 3.135 | Nonpriority creditor's name and mailing address<br><b>OLYMPUS FINANCIAL SERVICE</b><br><b>PO BOX 200183</b><br><b>Pittsburgh, PA 15251-0183</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____  | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$28,572.59</b> |
| 3.136 | Nonpriority creditor's name and mailing address<br><b>OLYMPUS MEDICAL</b><br><b>5900 FIRST SO</b><br><b>Seattle, WA 98108</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                    | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$152.00</b>    |
| 3.137 | Nonpriority creditor's name and mailing address<br><b>ORKIN PEST CONTROL</b><br><b>1401 SE 1ST STREET</b><br><b>Lawton, OK 73501</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____             | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$997.61</b>    |
| 3.138 | Nonpriority creditor's name and mailing address<br><b>OXEN TECHNOLOGY</b><br><b>3019 AZALEA PARK BLVD</b><br><b>Muskogee, OK 74401</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____           | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$540.00</b>    |
| 3.139 | Nonpriority creditor's name and mailing address<br><b>PARTS SOURCE</b><br><b>PO BOX 645186</b><br><b>Cincinnati, OH 45264</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                    | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$421.00</b>    |
| 3.140 | Nonpriority creditor's name and mailing address<br><b>PENDERGRAPH SYSTEMS INC.</b><br><b>6916 E 12TH STREET</b><br><b>Tulsa, OK 74112</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____        | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$3,618.00</b>  |

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|       |   |   |                    |
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| 3.141 | Nonpriority creditor's name and mailing address<br><b>PHILIPS MEDICAL</b><br><b>PO BOX 100355</b><br><b>Atlanta, GA 30384</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                         | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$756.00</b>    |
| 3.142 | Nonpriority creditor's name and mailing address<br><b>PITNEY BOWES INC</b><br><b>PO BOX 371896</b><br><b>Pittsburgh, PA 15250</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                     | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$234.33</b>    |
| 3.143 | Nonpriority creditor's name and mailing address<br><b>POSTMASTER</b><br><b>409 E Court Street</b><br><b>Atoka, OK 74525</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                           | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$235.00</b>    |
| 3.144 | Nonpriority creditor's name and mailing address<br><b>PREFERRED DATA</b><br><b>PO BOX 10597</b><br><b>Canoga Park, CA 91309</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                       | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$517.92</b>    |
| 3.145 | Nonpriority creditor's name and mailing address<br><b>PRICE'S PRINTING</b><br><b>401 N THIRD AVE</b><br><b>Durant, OK 74701</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                       | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$779.00</b>    |
| 3.146 | Nonpriority creditor's name and mailing address<br><b>PTR HEALTHCARE MANAGEMENT SOLUTIONS, LLC</b><br><b>261 WEST HWY 3</b><br><b>Atoka, OK 74525</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$92,724.60</b> |
| 3.147 | Nonpriority creditor's name and mailing address<br><b>PUBLIC SERVICE COMPANY OF OKLAHOMA</b><br><b>PO BOX 24421</b><br><b>Canton, OH 44701-4421</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$23,433.01</b> |

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| 3.148 | <b>Nonpriority creditor's name and mailing address</b><br><b>QUALITY RX CONSULTING</b><br><b>PO BOX 1184</b><br><b>Atoka, OK 74525</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$12,000.00</b>  |
| 3.149 | <b>Nonpriority creditor's name and mailing address</b><br><b>RITTER EXPRESS PHARMACY</b><br><b>PO BOX 870</b><br><b>Atoka, OK 74525</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$3,570.51</b>   |
| 3.150 | <b>Nonpriority creditor's name and mailing address</b><br><b>RMB INTERESTS</b><br><b>504 TEXAS STREET SUITE 200</b><br><b>Shreveport, LA 71101</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____          | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$111,173.13</b> |
| 3.151 | <b>Nonpriority creditor's name and mailing address</b><br><b>ROGER HATRIDGE R&amp;R ELECTRIC LLC</b><br><b>1702 N HATRIDGE RD</b><br><b>Kiowa, OK 74553</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$49.50</b>      |
| 3.152 | <b>Nonpriority creditor's name and mailing address</b><br><b>SECHRIST INDUSTRIES</b><br><b>4225 E LAPALMA AVE</b><br><b>Anaheim, CA 92807</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$2,335.00</b>   |
| 3.153 | <b>Nonpriority creditor's name and mailing address</b><br><b>SECURITY CHECK</b><br><b>PO BOX 14189</b><br><b>Oklahoma City, OK 73113</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$560.00</b>     |
| 3.154 | <b>Nonpriority creditor's name and mailing address</b><br><b>SHARPCO INC</b><br><b>PO BOX 267</b><br><b>Stringtown, OK 74569</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                            | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$80.00</b>      |

Debtor **Atoka County Healthcare Authority**  
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Case number (if known)

|       |   |   |                    |
|-------|---|---|--------------------|
| 3.155 | Nonpriority creditor's name and mailing address<br><b>SHAWN HELDEBRADT</b><br><b>8611 EAST 103RD STREET</b><br><b>Tulsa, OK 74133</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____   | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$2,980.00</b>  |
| 3.156 | Nonpriority creditor's name and mailing address<br><b>SHRED IT</b><br><b>PO BOX 731238</b><br><b>Dallas, TX 75373-1238</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____              | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$3,407.28</b>  |
| 3.157 | Nonpriority creditor's name and mailing address<br><b>SIEMENS FINANCIAL</b><br><b>PO BOX 2083</b><br><b>Carol Stream, IL 60132</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____      | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$721.00</b>    |
| 3.158 | Nonpriority creditor's name and mailing address<br><b>SIMPLEX GRINNELL LP</b><br><b>DEPT CH 10320</b><br><b>Palatine, IL 60055-0320</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$3,670.48</b>  |
| 3.159 | Nonpriority creditor's name and mailing address<br><b>SMITHWORKS MEDICAL</b><br><b>13626 FM 2710</b><br><b>Lindale, TX 75771</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____        | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$361.00</b>    |
| 3.160 | Nonpriority creditor's name and mailing address<br><b>SOUTHERN OKLAHOMA</b><br><b>PO BOX 21341</b><br><b>Oklahoma City, OK 73156</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____    | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$11,750.00</b> |
| 3.161 | Nonpriority creditor's name and mailing address<br><b>STEELEHORSE ANESTHESIA</b><br><b>3026 PRESTONWOOD</b><br><b>Durant, OK 74701</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____  | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$3,600.00</b>  |

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Case number (if known)

|       |   |   |                    |
|-------|---|---|--------------------|
| 3.162 | <b>Nonpriority creditor's name and mailing address</b><br><b>STERICYCLE INC</b><br><b>PO BOX 6575</b><br><b>Carol Stream, IL 60197-6575</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____               | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$15,807.71</b> |
| 3.163 | <b>Nonpriority creditor's name and mailing address</b><br><b>STRYKER INSTRUMENTS</b><br><b>PO BOX 70119</b><br><b>Chicago, IL 60673</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$5,131.90</b>  |
| 3.164 | <b>Nonpriority creditor's name and mailing address</b><br><b>STRYKER MEDICAL</b><br><b>PO BOX 93308</b><br><b>Chicago, IL 60673</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                       | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$143.52</b>    |
| 3.165 | <b>Nonpriority creditor's name and mailing address</b><br><b>SUPERIOR LINEN</b><br><b>6959 E 12TH STREET</b><br><b>Tulsa, OK 74112</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                    | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$7,507.46</b>  |
| 3.166 | <b>Nonpriority creditor's name and mailing address</b><br><b>SYSMEX AMERICA</b><br><b>28241 NETWORK PLANCE</b><br><b>Chicago, IL 60673</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$13,381.63</b> |
| 3.167 | <b>Nonpriority creditor's name and mailing address</b><br><b>SYSTEMSLOGIC</b><br><b>5850 W 3RD ST #252</b><br><b>Los Angeles, CA 90036</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$2,264.17</b>  |
| 3.168 | <b>Nonpriority creditor's name and mailing address</b><br><b>T-SYSTEMS INC</b><br><b>4020 MCEWEN DRIVE</b><br><b>SUITE 200</b><br><b>Dallas, TX 75244</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$18,494.71</b> |

Debtor **Atoka County Healthcare Authority**  
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Case number (if known)

|       |  |   |                    |
|-------|--|---|--------------------|
| 3.169 | Nonpriority creditor's name and mailing address<br><b>TED ROWLAND</b><br><b>603 NE 2ND</b><br><b>Antlers, OK 74523</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                 | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$13,302.75</b> |
| 3.170 | Nonpriority creditor's name and mailing address<br><b>THE PHONE SPECIALIST</b><br><b>24084 N CR 3387</b><br><b>Stratford, OK 74872</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$307.50</b>    |
| 3.171 | Nonpriority creditor's name and mailing address<br><b>THOMPSON INFORMATION</b><br><b>PO BOX 41868</b><br><b>Austin, TX 78704</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____       | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$2,060.97</b>  |
| 3.172 | Nonpriority creditor's name and mailing address<br><b>TOTAL MEDICAL</b><br><b>PO BOX 26243</b><br><b>Oklahoma City, OK 73126</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____       | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$3,703.00</b>  |
| 3.173 | Nonpriority creditor's name and mailing address<br><b>TOUCHSTONE COMMUNICATIONS</b><br><b>PO BOX 27772</b><br><b>NEWARK, NJ 71017</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____  | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$367.52</b>    |
| 3.174 | Nonpriority creditor's name and mailing address<br><b>TRANE US INC</b><br><b>PO BOX 845053</b><br><b>Dallas, TX 75284</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____              | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$60,010.01</b> |
| 3.175 | Nonpriority creditor's name and mailing address<br><b>TRANSAMERICA</b><br><b>PO BOX 8063</b><br><b>Little Rock, AR 72203</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____           | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$24.99</b>     |



Debtor **Atoka County Healthcare Authority**  
Name

Case number (if known)

|       |  |   |                    |
|-------|--|---|--------------------|
| 3.176 | <b>Nonpriority creditor's name and mailing address</b><br><b>UNIVERSAL HOSPITAL</b><br><b>PO BOX 86</b><br><b>Minneapolis, MN 55486</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____      | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$687.30</b>    |
| 3.177 | <b>Nonpriority creditor's name and mailing address</b><br><b>UNIVERSAL ROOFING</b><br><b>PO BOX 6650</b><br><b>MOORE, OK 73153</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,865.00</b>  |
| 3.178 | <b>Nonpriority creditor's name and mailing address</b><br><b>UPS</b><br><b>LOCKBOX 577</b><br><b>Carol Stream, IL 60132</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____                  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,555.25</b>  |
| 3.179 | <b>Nonpriority creditor's name and mailing address</b><br><b>US FOODSERVICE</b><br><b>PO BOX 973118</b><br><b>Dallas, TX 75397</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____           | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$17,081.54</b> |
| 3.180 | <b>Nonpriority creditor's name and mailing address</b><br><b>VISION SERVICE</b><br><b>PO BOX 45295</b><br><b>San Francisco, CA 94145</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____     | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$429.89</b>    |
| 3.181 | <b>Nonpriority creditor's name and mailing address</b><br><b>WERFEN USA LLC 00667</b><br><b>PO BOX 347934</b><br><b>Pittsburgh, PA 15251</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$4,427.00</b>  |
| 3.182 | <b>Nonpriority creditor's name and mailing address</b><br><b>WERFEN USA LLC 04036</b><br><b>PO BOX 347934</b><br><b>Pittsburgh, PA 15251</b><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$4,755.96</b>  |



Name

|       |   |   |                    |
|-------|---|---|--------------------|
| 3.183 | Nonpriority creditor's name and mailing address<br><b>WINDESTREAM 4307930</b><br><b>PO BOX 9001950</b><br><b>Louisville, KY 40290</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$95,711.40</b> |
|-------|---|---|--------------------|

|       |  |   |                    |
|-------|--|---|--------------------|
| 3.184 | Nonpriority creditor's name and mailing address<br><b>WINDSTREAM 4368325</b><br><b>PO BOX 9001950</b><br><b>LOUISVILLE, KY 40290</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$20,777.46</b> |
|-------|--|---|--------------------|

|       |  |   |                    |
|-------|--|---|--------------------|
| 3.185 | Nonpriority creditor's name and mailing address<br><b>WINDSTREAM 4382062</b><br><b>PO BOX 9001950</b><br><b>Louisville, KY 40290</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$12,732.41</b> |
|-------|--|---|--------------------|

|       |   |   |                 |
|-------|---|---|-----------------|
| 3.186 | Nonpriority creditor's name and mailing address<br><b>WYRICK LUMBER</b><br><b>PO BOX 30</b><br><b>Atoka, OK 74525</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$146.34</b> |
|-------|---|---|-----------------|

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

|     | Name and mailing address  | On which line in Part 1 or Part 2 is the related creditor (if any) listed?  | Last 4 digits of account number, if any |
|-----|---|---|---|
| 4.1 | <b>James Vogt</b><br><b>101 Park Avenue</b><br><b>Suite 1010</b><br><b>Oklahoma City, OK 73102</b>                  | Line <u>3.57</u><br><br><input type="checkbox"/> Not listed. Explain _____  | —                                       |
| 4.2 | <b>Jason McCart</b><br><b>2200 First National Center</b><br><b>120 N Robinson</b><br><b>Oklahoma City, OK 73102</b> | Line <u>3.174</u><br><br><input type="checkbox"/> Not listed. Explain _____ | —                                       |
| 4.3 | <b>Lee Howard</b><br><b>501 Shelley Drive</b><br><b>Suite 300</b><br><b>Tyler, TX 75701</b>                         | Line <u>3.9</u><br><br><input type="checkbox"/> Not listed. Explain _____   | —                                       |
| 4.4 | <b>Lee Howard</b><br><b>501 Shelley Drive</b><br><b>Suite 300</b><br><b>Tyler, TX 75701</b>                         | Line <u>3.10</u><br><br><input type="checkbox"/> Not listed. Explain _____  | —                                       |

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

Debtor Atoka County Healthcare Authority  
Name

Case number (if known) \_\_\_\_\_

5. Add the amounts of priority and nonpriority unsecured claims.

- 5a. Total claims from Part 1
- 5b. Total claims from Part 2
- 5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

| Total of claim amounts |                 |
|------------------------|-----------------|
| 5a.                    | \$ 709,620.64   |
| 5b. +                  | \$ 2,247,394.84 |
| 5c.                    | \$ 2,957,015.48 |

**United States Bankruptcy Court  
Eastern District of Oklahoma**

In re **Atoka County Healthcare Authority**

Debtor(s)

Case No. \_\_\_\_\_

Chapter

**9**

**VERIFICATION OF CREDITOR MATRIX**

I, the \_\_\_\_\_ of the Municipality named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **January 10, 2017**

**/s/ Royce Manion**

**Royce Manion/  
Signer/Title**

ABILITY NETWORK  
Dept CH 16577  
Palatine, IL 60055-6577

ADVANCED CARE  
1026 RADIO ROAD  
Durant, OK 74701

AIRSCAN TECH  
PO BOX 1539  
Springtown, TX 76082

AL WITT & CO  
5275 LAWRENCE 1225  
Ash Grove, MO 65604

ALIMED INC  
PO BOX 9135  
DEDHAM, MA 20279

ALISA BERRYHILL  
192244 N 413 RD  
Antlers, OK 74523

ALLIANCE HEALTH  
PO BOX 1207  
Durant, OK 74701

AMERICAN FUNDS  
PO BOX 2560  
Norfolk, VA 23501

AMERIPATH  
PO BOX 844810  
Dallas, TX 75284

AMN HEALTHCARE INC  
FILE 56157  
Los Angeles, CA 90074

AMS SALES CORP  
PO BOX 72476586  
Philadelphia, PA 19170

ANESTHESIA SERVICES INC  
1821 N CLASSEN BLVD SUITE 100  
Oklahoma City, OK 73106

ANTLERS AMERICA  
PO BOX 578  
Antlers, OK 74523

ARJOHUNTLEIGH  
PO BOX 640799  
Pittsburgh, PA 15264

ARMSTRONG MEDICAL INDUSTRIES  
PO BOX 700  
Lincolnshire, IL 60069

ASTORA WOMEN'S  
PO BO 74008158  
Chicago, IL 60674

AT&T  
PO BOX 5001  
Carol Stream, IL 60197

AT&T MOBILITY  
PO BOX 6463  
Carol Stream, IL 60197

ATOKA COUNTY CHAMBER  
PO BOX 778  
Atoka, OK 74525

ATOKA COUNTY EMS  
1002 W LIBERTY ROAD STE  
Atoka, OK 74525

ATOKA COUNTY EXISE BOARD  
200 EAST COURT STREET  
Atoka, OK 74525

ATOKA EMERGENCY  
1201 E JACKSON  
Hugo, OK 74743

ATOKA FUNERAL  
1000 WEST LIBERTY ROAD  
Atoka, OK 74525

ATOKA MUNICIPAL  
PO BOX 900  
Atoka, OK 74525

BALBOA CAPITAL  
2010 MAIN STREET SUITE 1100  
Irvine, CA 92614

BARRACUDA NETWORK  
DEPT LA 22762  
Pasadena, CA 91185

BAXTER HEALTHCARE CORPORATION  
Care Of Greg A Metzger  
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Suite 100  
Edmond, OK 73034

BC GROUP INTER  
3081 ELM POINT INDUSTRIAL DRIVE  
Saint Charles, MO 63301

BEALL BARCLAY  
3101 S 70TH STREET  
Fort Smith, AR 72903

BG MEDICAL  
PO BOX 1861  
Barrington, IL 60011

BIO RAD LABORATORIES INC CLINICAL DIAG  
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Los Angeles, CA 90084

BIOAERIS/RICHM  
3009 GLEN FLORA WAY  
Fort Smith, AR 72908

BIZTEL  
906 E WYANDOTTE  
McAlester, OK 74501

BKD LLP  
6120 S YALE AVE SUITE 1400  
Tulsa, OK 74136

BLUE CROSS BLUE SHIELD  
PO BOX 731428  
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BROOKS GREASE  
3104 N ERIE AVE  
Tulsa, OK 74115

BRUMMITT AND ASSOCIATES INC  
4418 MONTECELLO PLACE  
Enid, OK 73703

CANON FINANCIAL  
14904 COLLECTIONS CENTER DRIVE  
Chicago, IL 60693

CARDINAL HEALTH MEDICAL  
PO BOX 730112  
Dallas, TX 75373

CAREFUSION  
25146 NETWORK PLACE  
Chicago, IL 60673-1250

CENTERPOINT ENERGY SERVICES INC  
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CENTURION MEDICAL  
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CHEMENCE MEDICAL  
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CHEMSEARCH  
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United States Attorney's Office  
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COBRA ONE  
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Tulsa, OK 74119

COMPLIANCE CONSULTANTS  
67 EARNHARDT CIRCLE  
Cabot, AR 72023

COOK MEDICAL INC  
22988 NETWORK PLACE  
Chicago, IL 60673

COOPER SURGICAL  
PO BOX 712280  
Cincinnati, OH 45271

COVIDIEN  
PO BOX 120823  
Dallas, TX 75312

CPP WOUND CARE  
3445 N CAUSEWAY BLVD STE 600  
Metairie, LA 70002

CPSI  
6600 WALL STREET  
Mobile, AL 36695

CR BARD INC  
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Charlotte, NC 28275

CREST HEALTH CARE  
PO BOX 727  
Dassel, MN 55325

CROWE AND DUNLEVY  
324 N ROBINSON AVE STE 100  
Oklahoma City, OK 73102

CULLIGAN WATER  
PO BOX 159  
Ada, OK 74820

DANWELL COMPANIES  
PO BOX 5304  
Durant, OK 74702

DIAGNOSTIC LAB OF OKLAHOMA  
225 NE 97th Street  
Oklahoma City, OK 73114

DOCUCODERS LLC  
72 BRIDGE WATER LANE  
WATERSOUND, FL 32461

DRAGER MEDICAL  
3135 QUARRY ROAD  
Telford, PA 18969

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EAGLE EYE RADIOLOGY  
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Philadelphia, PA 19176

ECOLAB  
PO BOX 70343  
Chicago, IL 60673

ELECTRONIC DICTATION OF TULSA INC  
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ELITE SUPPLIES  
PO BOX 17163  
Anaheim, CA 92817

EMD MILLPORE CORP  
25760 NETWORK PLACE  
Chicago, IL 60673

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Oklahoma City, OK 73118

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FASTHEALTH CORPORATION  
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Tuscaloosa, AL 35401

FED EX FREIGHT  
3965 Airways Module G  
Memphis, TN 38116

FEDERAL EXPRESS  
PO BOX 94515  
Palatine, IL 60094

FIRST BANK  
PO BOX 458  
Antlers, OK 74523

FIRST CALL OF TULSA  
LOCK BOX #1 PO BOX 1857  
Owasso, OK 74055

FIRST INSURANCE  
PO BOX 458  
Antlers, OK 74523

FISHER HEALTHCARE  
PO BOX 404705  
Atlanta, GA 30384-4000

FIVE STAR OFFICE SUPPLY  
127 W MAIN ST  
Durant, OK 74701

FLUKE ELECTRONICS  
13725 SE KARL BRAUN DR BLDG 19  
Beaverton, OR 97077

GE HEALTHCARE  
2984 COLLECTIONS CENTER DR  
Chicago, IL 60693

HEALTHCARE LOGISTICS  
PO BOX 400  
Circleville, OH 43113

HEARTLAND PATHOLOGY CONSULTANT  
PO BOX 26343  
Oklahoma City, OK 73126

HERITAGE MEDICAL  
213 N OAK AVE  
Broken Arrow, OK 74012

HMS HEALTH LLC  
740 SPIRIT 40 PARK DRIVE  
Chesterfield, MO 63005

HOLOGIC INC  
24506 NETWORK PLACE  
Chicago, IL 60673

HOSPITAL EQUIPMENT RENTAL  
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Broken Arrow, OK 74014

HRDIRECT GNEIL  
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IMEDICAL INC  
1221 SE BROADWAY SUITE E  
Lees Summit, MO 64081

IMMUCOR INC  
PO BOX 102118  
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INDUSTRIAL CHEM LAB  
55 BROOK AVE SUITE G  
Deer Park, NY 11729

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Oklahoma City, OK 73102-9229

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Suite 1010  
Oklahoma City, OK 73102

Jason McCart  
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Oklahoma City, OK 73102

JEFCO LLC  
PO BOX 153  
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JOHNSON & JOHNSON HEALTH CARE SYSTEMS  
5972 COLLECTIONS CTR DR  
Chicago, IL 60693

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PO BOX 301557  
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KELLOGG & SOVEREIGN CONSULTING  
1101 STADIUM DRIVE  
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LAKE COUNTRY MEDICAL  
702 S MISSISSIPPI  
Atoka, OK 74525

LANAK & HANNA  
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Orange, CA 92868

LANDIS ARN AND  
222 SAINT JOHN ST SUITE 321  
PORTLAND, ME 41020

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Suite 300  
Tyler, TX 75701

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Antlers, OK 74523

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Lawrenceville, GA 30046

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MATHESON TRI-GAS  
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Dallas, TX 75312

MCALESTER REGIONAL  
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McAlester, OK 74501

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Harrison, AR 72601

MEDICARE  
Novitas Solutions  
Attn Appeals Departmen  
PO Box 3114  
Mechanicsburg, PA 17055-1829

MEDICUS HEALTHCARE  
22 ROULSTON ROAD  
WINDHAM, NH 30870

MEDISCRIBES INC  
12806 TOWNEPARK WAY  
Louisville, KY 40243

MEDIVATORS INC  
14605 28TH AVENUE NORTH  
Minneapolis, MN 55447-4822

MEDLINE INDUSTRIES  
DEPT 1080  
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Dallas, TX 75312-1080

MEDSERVICE REPAIR  
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Mundelein, IL 60060

MEDTRONIC USA  
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Dallas, TX 75284

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SUITE A  
San Diego, CA 92123

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Saint Louis, MO 63128

METTEL  
PO BOX 1056  
New York, NY 10268

METZER & AUSTIN  
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SUITE 100  
Edmond, OK 73034

MID-CONTINENTAL  
1706 DELIVERY LANE  
Durant, OK 74701

MIDWEST BUS SALES  
313 EAST FRONT STREET  
Bonner Springs, KS 66012

MILLER OFFICE EQUIPMENT  
900 E WYANDOTTE  
McAlester, OK 74501

MOBILITY PLUS  
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NOVITAS SOLUTIONS  
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Mechanicsburg, PA 17055

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Denton, TX 76202

O'REILLY AUTO PARTS  
P.O. Box 9464  
Springfield, MO 65801-9464

OFFICE EQUIPMENT CENTER  
PO BOX 1246  
Paris, TX 75461-1246

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PO BOX 52004  
Oklahoma City, OK 73152-2004

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SUITE 400  
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OK STATE DEPT OF HEALTH  
ATTN FINANCIAL MGMT-RECEIPTING UNIT  
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Oklahoma City, OK 73126-8816

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OLYMPUS FINANCIAL SERVICE  
PO BOX 200183  
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Seattle, WA 98108

ORKIN PEST CONTROL  
1401 SE 1ST STREET  
Lawton, OK 73501

OXEN TECHNOLOGY  
3019 AZALEA PARK BLVD  
Muskogee, OK 74401

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PO BOX 645186  
Cincinnati, OH 45264

PENDERGRAPH SYSTEMS INC.  
6916 E 12TH STREET  
Tulsa, OK 74112

PHILIPS MEDICAL  
PO BOX 100355  
Atlanta, GA 30384

PITNEY BOWES INC  
PO BOX 371896  
Pittsburgh, PA 15250

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409 E Court Street  
Atoka, OK 74525

PREFERRED DATA  
PO BOX 10597  
Canoga Park, CA 91309

PRICE'S PRINTING  
401 N THIRD AVE  
Durant, OK 74701

PTR HEALTHCARE MANAGEMENT SOLUTIONS, LLC  
261 WEST HWY 3  
Atoka, OK 74525

PUBLIC SERVICE COMPANY OF OKLAHOMA  
PO BOX 24421  
Canton, OH 44701-4421

QUALITY RX CONSULTING  
PO BOX 1184  
Atoka, OK 74525

RITTER EXPRESS PHARMACY  
PO BOX 870  
Atoka, OK 74525

RMB INTERESTS  
504 TEXAS STREET SUITE 200  
Shreveport, LA 71101

ROGER HATRIDGE R&R ELECTRIC LLC  
1702 N HATRIDGE RD  
Kiowa, OK 74553

SECHRIST INDUSTRIES  
4225 E LAPALMA AVE  
Anaheim, CA 92807

SECURITY CHECK  
PO BOX 14189  
Oklahoma City, OK 73113

SHARPCO INC  
PO BOX 267  
Stringtown, OK 74569

SHAWN HELDEBRADT  
8611 EAST 103RD STREET  
Tulsa, OK 74133

SHRED IT  
PO BOX 731238  
Dallas, TX 75373-1238

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PO BOX 2083  
Carol Stream, IL 60132

SIMPLEX GRINNELL LP  
DEPT CH 10320  
Palatine, IL 60055-0320

SMITHWORKS MEDICAL  
13626 FM 2710  
Lindale, TX 75771

SOUTHERN OKLAHOMA  
PO BOX 21341  
Oklahoma City, OK 73156

STEELEHORSE ANESTHESIA  
3026 PRESTONWOOD  
Durant, OK 74701

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Carol Stream, IL 60197-6575

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Chicago, IL 60673

STRYKER MEDICAL  
PO BOX 93308  
Chicago, IL 60673

SUPERIOR LINEN  
6959 E 12TH STREET  
Tulsa, OK 74112



SYSMEX AMERICA  
28241 NETWORK PLANCE  
Chicago, IL 60673

SYSTEMSLOGIC  
5850 W 3RD ST #252  
Los Angeles, CA 90036

T-SYSTEMS INC  
4020 MCEWEN DRIVE  
SUITE 200  
Dallas, TX 75244

TED ROWLAND  
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Antlers, OK 74523

THE PHONE SPECIALIST  
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Oklahoma City, OK 73126

TOUCHSTONE COMMUNICATIONS  
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NEWARK, NJ 71017

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Dallas, TX 75284

TRANSAMERICA  
PO BOX 8063  
Little Rock, AR 72203

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Minneapolis, MN 55486

UNIVERSAL ROOFING  
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US FOODSERVICE  
PO BOX 973118  
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USDA Rural Housing Service  
Attn John Redman  
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